Filli	n this information to identify your case:					only as	directed in this form and in Forr	n
Deb	tor 1 THOMAS P. ANDONIAN			12	2A-1Supp:			
1	tor 2				■ 1. There i	s no pres	sumption of abuse	
Unit	ed States Bankruptcy Court for the: Northern Distric	t of Ohio	o		applie	s will be ı	to determine if a presumption of made under <i>Chapter 7 Means</i> ficial Form 122A-2).	
Cas (if knd	e number 19-53010					•	,	
(II KIIC	JWIII						t does not apply now because or service but it could apply late	
					☐ Check if	f this is a	an amended filing	
Off	ficial Form 122A - 1							
Ch	apter 7 Statement of Your Cu	ırrer	nt Moi	nthly Inc	ome			12/15
attacl	complete and accurate as possible. If two married people a separate sheet to this form. Include the line number to number (if known). If you believe that you are exempted frying military service, complete and file Statement of Execute Calculate Your Current Monthly Income	which trom a pr	the addition esumption	nal information of abuse becau	applies. On thuse you do no	e top of a t have pri	any additional pages, write your r marily consumer debts or becau	ame and
1	What is your marital and filing status? Check one	only						
	■ Not married. Fill out Column A, lines 2-11.	oy.						
	☐ Married and your spouse is filing with you. Fill	out both	n Columns	Δ and R lines	2_11			
	☐ Married and your spouse is NOT filing with you			,	. 2-11.			
	☐ Living in the same household and are not le		-	•	olumne A and	IR lines	2_11	
	☐ Living separately or are legally separated. F penalty of perjury that you and your spouse an living apart for reasons that do not include eva	ill out Co e legally	olumn A, li separated	nes 2-11; do no d under nonbar	ot fill out Colu nkruptcy law	ımn B. B that appli	y checking this box, you declar ies or that you and your spouse	
10 th	ill in the average monthly income that you received from a D1(10A). For example, if you are filing on September 15, the 6 e 6 months, add the income for all 6 months and divide the to bouses own the same rental property, put the income from that	all source i-month p tal by 6. F	es, derived period would Fill in the re	during the 6 fu be March 1 thro sult. Do not inclu	II months before ugh August 31 de any income	ore you fil . If the am amount n	le this bankruptcy case. 11 U.S.C ount of your monthly income varied nore than once. For example, if both	during
					Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtim payroll deductions).	e, and c	commissio	ons (before all	\$	0.00	\$	
	Alimony and maintenance payments. Do not include Column B is filled in.				\$	0.00	\$	
4.	All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househ and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3	ort. Inclu old, your spouse	ıde regulaı r depende	contributions nts, parents,	\$	0.00	\$	
5.	Net income from operating a business, professio		rm					
	, ,			otor 1				
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from a business, profession, or f	arm \$	0.00	Copy here ->	•\$	0.00	\$	
6.	Net income from rental and other real property							
				otor 1				
	Gross receipts (before all deductions)	\$_	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					

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Chapter 7 Statement of Your Current Monthly Income

0.00 Copy here -> \$

0.00

0.00

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7. Interest, dividends, and royalties

Net monthly income from rental or other real property

Debtor 1

					A 1	Column B Debtor 2 or non-filing spouse			
8.	Unemployment compensation			\$	2,097.68	\$			
	o not enter the amount if you contend that the amount received was a benefit under								
	the Social Security Act. Instead, list it here: For you For your spouse	0.0	00						
	For your spouse	\$							
9.	Pension or retirement income. Do not include any arbenefit under the Social Security Act.	mount received that wa	s a	\$	0.00	\$			
10.	Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on total below.	Security Act or paymen imanity, or international a separate page and pu	ts or	\$	0.00	\$			
				\$	0.00	\$			
	Total amounts from separate pages, if any.		+	\$	0.00	\$			
11.	Calculate your total current monthly income. Add li each column. Then add the total for Column A to the to		\$	2,097.68	3 + \$ _		=[\$	2,097.68	
Part	2: Determine Whether the Means Test Applies	to You					Total c	urrent monthly	
12.	Calculate your current monthly income for the year	r. Follow these steps:							
	12a. Copy your total current monthly income from line	11		C	opy line 11 l	nere=>	\$	2,097.68	
	Multiply by 12 (the number of months in a year)			x 12					
	12b. The result is your annual income for this part of the	ne form				12b.	\$2	25,172.16	
13.	Calculate the median family income that applies to	you. Follow these step	s:						
	Fill in the state in which you live.	ОН							
	Fill in the number of people in your household.	1							
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the ban	online using the link sp	pecified	n the se	parate instruc	13. tions	\$4	19,624.00	
14.	How do the lines compare?								
	14a. Line 12b is less than or equal to line 13. C Go to Part 3.	On the top of page 1, ch	eck box	1, There	is no presum	ption of abuse.	:		
	14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2,	The pre	esumptio	n of abuse is	determined by	Form 12	2A-2.	
Part	3: Sign Below								
	By signing here, I declare under penalty of perjury	y that the information or	n this sta	itement a	and in any atta	achments is tru	e and co	orrect.	
	X /s/ THOMAS P. ANDONIAN THOMAS P. ANDONIAN	<u> </u>							
	Signature of Debtor 1								
	Date January 11, 2020 MM / DD / YYYY								
	If you checked line 14a, do NOT fill out or file For	m 122A-2.							
	If you checked line 14b, fill out Form 122A-2 and	file it with this form.							

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Chapter 7 Statement of Your Current Monthly Income

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